



ITW

"Express Mail" mailing label number: EV422811797US

Date of Deposit: 9/14/2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or Printed Name of Person Mailing Paper or Fee: Shirley Shepard

Signature: Shirley Shepard

PATENT
Docket No. P1552

IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: JACQUES DOV BARTH
MAUD MARIA ZONJEE
JOHN DAVID HEATON KING

SERIAL NO.: 10/712,834 GROUP ART UNIT: 3736

FILED: NOVEMBER 12, 2003 EXAMINER: UNKNOWN

FOR: SYSTEM AND METHOD FOR AUTOMATIC
DETERMINATION OF A REGION OF
INTEREST WITHIN AN IMAGE

COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

TRANSMITTAL LETTER

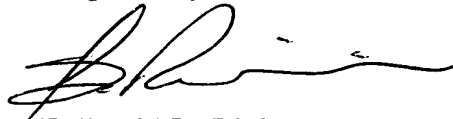
Dear Sir:

In connection with the above-referenced patent application, transmitted herewith are the following:

1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (1 page); and
2. Post card in acknowledgment of receipt of all transmitted materials.

Please date-stamp the enclosed post card and return same to the undersigned in acknowledgment of receipt of all transmitted materials

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'F. David LARiviere', written in a cursive style.

F. David LARiviere
Reg. No. 27,207

FDL/rm

Dated: 9-14-04

LARiviere, Grubman & Payne, LLP

P.O. Box 3140

Monterey, CA 93942

(831) 649-8800



PTO/SB/83 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/712,834
Filing Date	November 12, 2003
First Named Inventor	Jacques Dov Barth
Art Unit	3736
Examiner Name	To be assigned
Attorney Docket Number	P1552

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.Applicant has failed to pay one or more bills rendered by our firm for an unreasonable period of time and has failed to honor an agreement to make payments.
The reasons for this request are:**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Jacques Dov Barth, MD, Ph.D., FACC, FAHA PREVENTION CONCEPTS, INC.		
Address			
Address			
City	Los Angeles	State	CA
Country	USA		
Telephone	(310) 395-3070	Fax	(310) 395-2551
Name	F. David LaRiviere		
Signature			
Date	9-14-04	Registration No.	27,207
		Telephone No.	(831) 649-8800

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.